

3721



**TRANSMITTAL LETTER
(General - Patent Pending)**

Docket No.
BFE-5356 (113957-260)

Re Application Of: **Alberto Siccardi**

Serial No.
10/087,563

Filing Date
February 28, 2002

Examiner
Christopher R. Harmon

Group Art Unit
3721

Title: **SYSTEM TO FORM, FILL AND SEAL FLEXIBLE BAGS**

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is:

Amendment Transmittal Letter (duplicate); Response to Office Action (12 pgs.); return receipt postcard.

in the above identified application.

- ☒ No additional fee is required.
- ☐ A check in the amount of _____ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. _____ as described below.
- ☐ Charge the amount of _____
- ☒ Credit any overpayment.
- ☒ Charge any additional fee required.

02-1818

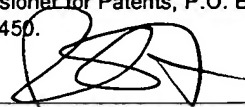
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Dated: **March 15, 2004**

Michael S. Leonard (Reg. No. 37,557)
Bell, Boyd & Lloyd LLC
P.O. Box 1135
Chicago, Illinois 60690-1135
Tel: 312/807-4270
Fax: 312/827-8185

I certify that this document and fee is being deposited on **March 15, 2004** with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Signature of Person Mailing Correspondence

Renee Street

Typed or Printed Name of Person Mailing Correspondence

CC:

AMENDMENT TRANSMITTAL LETTER (Large Entity)Applicant(s): **Alberto Siccardi**

Docket No.

BFE-5356 (113957-260)Serial No.
10/087,563Filing Date
February 28, 2002Examiner
Christopher R. HarmonGroup Art Unit
3721Invention: **SYSTEM TO FORM, FILL AND SEAL FLEXIBLE BAGS****TO THE COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED


	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	23 -	35 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	5 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
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- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
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